04964

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Calvert County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SOUTH BEACH, MD. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEARS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: CALVERT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SOUTH BEACH, MD.
STREET ADDRESS (If rural, give location): MEARS AVE.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ANTHONY NONE BARON
4. DATE OF DEATH (Month) (Day) (Year): MAY 27 - 1950

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: NOV-29-1875
9. AGE last birthday: 74 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOEMAKER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): ITLAY
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: UNKOWN.
14. MOTHER'S MAIDEN NAME: UNKOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: NONE.
17. INFORMANT AND ADDRESS: ELIZABETH BARON. 4817 - WELLINGTON DR. CHEVY CHASE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Chr myocarditis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from medical exam certificate, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) Huntingtown, MD. ADDRESS: acting Med. Examiner DATE SIGNED: 5/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/30/50 — NAME OF CEMETERY OR CREMATORY: FT. LINCHON — LOCATION (City, town, or county) (State): COLMAR MANOR MD.

DATE REC'D BY LOCAL REG.: May 27, 1950 — REGISTRAR'S SIGNATURE: Grace L. Hutchins — 24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: Wash. D.C.

49621

RECEIVED
JUN 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04965

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County: Calvert

City or town: Owings

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Helen Estelle Birckhead

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Augustue E. Birckhead

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 20, 1866

8. AGE: Years	Months	Days	If less than one day
83	5	12	hrs. min.

9. Birthplace: Chaneyville, Calvert, Maryland. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Joseph R. Prout

FATHER — 13. Birthplace: Calvert County

MOTHER — 14. Maiden name: Susan V. Chase

MOTHER — 15. Birthplace: Baltimore, Md.

16. Informant: Miss Rosalba Prout

Address: Owings, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 10, 1950 (month) (day) (year)

Cemetery or crematory: Friendship Cemetery

Location: Friendship, A.A. Co., Md.

18. Funeral director: Wm H. Hutchins

Address: Owings Md

19. May 9 1950 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8 1950, at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1950, to 19; and that I last saw her alive on May 7 1950.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension	
Due to: Cahexia Pancreas Disease	
Due to:	
Other conditions: 4437 93d	

(Include pregnancy within 3 months of death)

Major findings of operation:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Page [illegible] M. D. or other

Address: Owings Md. Date signed: 5/9/50

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

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MAY 15 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04966
51

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olivett, md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olivett, md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H (Last) Blake
4. DATE OF DEATH: (Month) 5 (Day) 16, (Year) 1950
5. SEX: M.
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec. 26, 1875
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: James Blake
14. MOTHER'S MAIDEN NAME: Emma Golf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Daisy Blake, Olivett md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis

332x

Antecedent cause(s)

83b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Insanity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6.15 p.m., from the causes and on the date stated above.

SIGNATURE R.D. Williams (Degree or title) MD ADDRESS St Leonard DATE SIGNED 5/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 5-20th, 50 | NAME OF CEMETERY OR CREMATORY Eastern Chapel | LOCATION (City, town, or county) Calvert Co (State) md

DATE REC'D BY LOCAL REG. 5-20-50 | REGISTRAR'S SIGNATURE H H Ward

24. FUNERAL DIRECTOR P.E. Sewell ADDRESS Prince Frederick,

000 VV

RECEIVED
MAY 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04967

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plum Point; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Lena (Last) Carpenter

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 28 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Carpenter

14. MOTHER'S MAIDEN NAME: Amelia Bassford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ruth Bowen - Plum Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident

331 x

Antecedent cause(s)

83 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Intermittent

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1950, to 5/20, 1950, that I last saw the deceased alive on 5/20, 1950, and that death occurred at 8:22 p. m., from the causes and on the date stated above.

SIGNATURE H. L. Weems (Degree or title) ADDRESS Huntingtown Md DATE SIGNED 5/20/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE May 21, 1950; NAME OF CEMETERY OR CREMATORY Emmanuel Cemetery; LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. May 20, 1950; REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Wm H. Hutchins; ADDRESS Owings Md.

52086

RECEIVED
MAY 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04968

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCE FREDERICK — LENGTH OF STAY (in this place) 12 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. ~~COUNTY~~ Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3509 14th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Kay (Middle) (Last) CLINES

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: NOV. 6, 1931

9. AGE last birthday: 18 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECRETARY

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate office

11. BIRTHPLACE (State or foreign country): KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William CLINES

14. MOTHER'S MAIDEN NAME: HELEN MURRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Helen Scott, 2316 F St N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock.

Antecedent cause(s) 819.5

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1700 (b) Fracture skull internal injuries

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway — (CITY OR TOWN) Route 4 — (COUNTY) Cal. — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) May 27-50 2:45 p.m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? auto accident Collision with bus & Truck.

22. I hereby certify that I attended the deceased from medical examiner, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) (Acting Medical Examiner) — ADDRESS Huntingtown Md — DATE SIGNED 5/27/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE May 31, 1950 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. May 27 1950 — REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR: The S.H. Kuhn Co — ADDRESS 2401 14th St N.W. Washington D.C.

23681

RECEIVED
JUN 3 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04969

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paris
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paris
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Coates

4. DATE OF DEATH (Month) 5 (Day) 10 (Year) 1950

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 5/7/50 | 9. AGE last birthday yrs. | If under 1 year Months. Days 3 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Paris Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm Henry Coates
14. MOTHER'S MAIDEN NAME Blanche Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Blanche Coates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Probably patent Foramen Ovale

7543 Antecedent cause(s)

157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had crying spell for 2 hours. Expired

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7, 1950, to 5/10, 1950, that I last saw the deceased alive on 5/9, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E W Ward D. M. D ADDRESS Owings Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 10, 1950 | NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | LOCATION (City, town, or county) Sunderland (State) Md.

DATE REC'D BY LOCAL REG. May 10, 1950 | REGISTRAR'S SIGNATURE Grace L. Hutchins | 24. FUNERAL DIRECTOR Leonard Coates | ADDRESS Paris, Md

1-0-5-07-0-22-1-40-R

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 15 1950
BUREAU F.B.I.

04970

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Republic. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Republic.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) E (Last) Commodore

4. DATE OF DEATH (Month) 5 (Day) 24 (Year) 1950

5. SEX M.

6. COLOR OR RACE C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 5-9-1877

9. AGE last birthday 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Major Gross

14. MOTHER'S MAIDEN NAME Eliza Gross.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Port Republic, Md Sarah S. Commodore.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE R. W. Willard (Degree or title) ADDRESS S & Lemon DATE SIGNED 5/28/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 5-27-50

NAME OF CEMETERY OR CREMATORY Browns Chapel.

LOCATION (City, town, or county) Calvert, (State) Md

DATE REC'D BY LOCAL REG. 5-26-50

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell, Prince Frederick, Md. ADDRESS

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04971

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Luther	L.	Gray	May	27,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	Dec 11, 1865	84 yrs.	5	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farming	farm Owner	Prince Frederick, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lafayette Gray	Christiana Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	no	Mary Louise Gray - Prince Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bright's disease	
	(c) Enlargement of prostate	

610 x
132

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 5/27, 1950, and that death occurred at 3:15 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edw Williams	MD	St Leonard	5/27/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 30, 1950	Central M.E. Cemetery	Barstow,	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-29-50	H. L. Ward	A. A. Harkness & Son -	Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 413

RECEIVED
MAY 31 1950
BUREAU V. S.

04972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Costers | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Costers - Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Frank (Last) Gross
4. DATE OF DEATH: (Month) May (Day) 23 - (Year) 1950

5. SEX male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Aug-12-1861 | 9. AGE last birthday 89 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY oysterman
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Anne Smith - Costers. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Degeneration

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14, 1950, to May 23, 1950, that I last saw the deceased alive on 5/19, 1950, and that death occurred at 5 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr. E. S. Coster — Solomons, Md — 5/23 50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 5/25/50 | NAME OF CEMETERY OR CREMATORY St. Johns | LOCATION (City, town, or county) (State) Lusby, Maryland

DATE REC'D BY LOCAL REG. 5/23/50 | REGISTRAR'S SIGNATURE Dr. E. S. Coster | 24. FUNERAL DIRECTOR Pinkey Sewell — Prince Frederick ADDRESS

900 N Maryland

RECEIVED
MAY 31 1950
BUREAU V. S.

04973

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Roberta (Middle) Pearl (Last) Hall

4. DATE OF DEATH (Month) 5 (Day) 16 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wd
8. DATE OF BIRTH May 30, 1919
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Leon Stalling
14. MOTHER'S MAIDEN NAME Peral Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Andrew Grierson, West Beach Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

002x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/15, 1950, to 5/16, 1950, that I last saw the deceased alive on 5/15, 1950, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE H Howard (Degree or title) Dorsey ADDRESS Md DATE SIGNED 5/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/18/50
NAME OF CEMETERY OR CREMATORY Mt Harmony
LOCATION (City, town, or county) Nr Owings (State) Md

DATE REC'D BY LOCAL REG. May 17, 1950
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS

52086

M

I

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 24 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04974

CERTIFICATE OF DEATH

Reg. Diat. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 hours

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution? 24 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Huntingtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Levi Wesley Jones

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1950

8. AGE: Years	Months	Days	If less than one day
		1	hrs. min.

9. Birthplace Prince Frederick Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name James Jones

13. Birthplace Md

MOTHER

14. Maiden name Martha Irene Wright

15. Birthplace Huntingtown Md.

16. Informant Martha Irene Jones

Address Huntingtown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-20-50 (month) (day) (year)

Cemetery or crematory Patuxent

Location Calvert Co. Md

18. Funeral director P.E. Sewell

Address Prince Frederick Md

19. May 20 1950 H.W. Hall Registrar
(Date rec'd by registrar) 2-0-5-19-0-18-2-32-2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20 1950 at 5-30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/19 1950 to 5/20 1950 and that I last saw him alive on 5/19 1950

Immediate cause of death	DURATION
Pre-mature.	
Due to	
Due to	
Other conditions	

776x 159 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Weems M. D. or other

Address Huntingtown Md Date signed 5/20/50

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04975

Reg. Diat. No. 52

1. PLACE OF DEATH:
County: Dunkirk-Calvert
City or town: Dunkirk 63
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 63 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Dunkirk
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: JONES OWENS SUNDERLAND

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Annette Jones
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 5, 1886

8. AGE: Years	Months	Days	If less than one day
63			..... hrs. ..... min.

9. Birthplace: Dunkirk (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Farm Owner

FATHER
12. Name: John W. Jones
13. Birthplace: Dunkirk, Md.

MOTHER
14. Maiden name: Susan Chaney
15. Birthplace: Chaney, Md

16. Informant: Mrs. Kenneth Ward
Address: Owings Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 14, 1950 (month) (day) (year)
Cemetery or crematory: Smithville Church
Location: Dunkirk, Md.

18. Funeral director: W. S. V. Hutchins
Address: Owings, Md.

19. May 12 1950 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 12 1950, at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 1940, to May 12 1950
and that I last saw h... alive on May 1 1950

	DURATION
Immediate cause of death: Coronary Occlusion	15 minutes
Due to: Diabetes	
Due to: Arteriosclerosis	
Other conditions: 260 X	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Paul D. ... M. D. or other
Address: Prince Frederick Date signed: 5/13/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 19 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04976

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wilson (Last) Langley

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 19-50

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Mar. 31, 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months. 1 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming - Oystering

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Ridgates - St. Marys Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Langley

14. MOTHER'S MAIDEN NAME: ? Olney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No

16. SOCIAL SECURITY No. 217-01-7306

17. INFORMANT AND ADDRESS: Glenn Langley - Solomons, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis —

156.1 Antecedent cause(s) 46 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca of liver (?) - Amyeid Liver. (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 5/1, 19 50, and that death occurred at 4:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward Leonard ADDRESS St Leonard DATE SIGNED 5/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 13, 1950 NAME OF CEMETERY OR CREMATORY Solomons Catholic Cem. LOCATION (City, town, or county) Solomons (State) Md

DATE REC'D BY LOCAL REG. 5-12-50 REGISTRAR'S SIGNATURE H W Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS Mutual, Md.

9056

RECEIVED
MAY 25 1950
BUREAU V. S.

04977

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town St. Leonards
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town St. Leonards
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3.(a) FULL NAME McCREADY, EARL S.

3.(b) Social Security Number 218-12-9095

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of ~~husband or~~ wife Ethel M. McCready

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1908

8. AGE:

Years	Months	Days	If less than one day
41	9	6	hrs. min.

9. Birthplace Calvert County, Md.
(Town, county, and state)

10. Usual occupation Building Painter

11. Industry or business Painting

FATHER
12. Name James H. McCready
13. Birthplace Maryland

MOTHER
14. Maiden name Ruth E. Long
15. Birthplace Maryland

16. Informant Ethel M. McCready
Address St. Leonards, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof May 23, 1950
(month) (day) (year)

Cemetery or crematory Olivet Cemetery

Location Olivet, Md.

18. Funeral director A. A. Harkness & Son
Address Mutual, Md.

19. May 23, 1950 19
(Date rec'd by registrar)
H. W. Ward
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1950 at 8:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21 1950, to 19
and that I last saw ~~h~~ alive on dead on arrival 19

Immediate cause of death Coronary Occlusion

DURATION

Due to

Due to

Other conditions
420.1
94a
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jay Ott
M. D. or other

Address Prince Frederick Date signed 5/23/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 26 1950
BUREAU W. S.

Evidence for change of age shown on:
FILM No. G 126 MAY 22 1950

04978

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Prout
4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 1950
5. SEX Male M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct 28, 1876
9. AGE last birthday 73 ~~74~~ yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Owner.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Calvert, md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Marcellas Prout
14. MOTHER'S MAIDEN NAME Celia Smith.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Susie Prout. Chesapeake Beach md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive cardio vas. renal disease

442X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1950, to 5/7, 1950, that I last saw the deceased alive on 5/2, 1950, and that death occurred at 2:50 P.m., from the causes and on the date stated above.

SIGNATURE H J Weems (Degree or title) M D ADDRESS Huntingtown md DATE SIGNED 5/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-10-50
NAME OF CEMETERY OR CREMATORY St. Edmonds
LOCATION (City, town, or county) Calvert Co (State) Md

DATE REC'D BY LOCAL REG. 5-9-50
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1960
BUREAU V. S.

04979

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowens
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) J. (Last) Simmons

4. DATE OF DEATH (Month) May (Day) 4, (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH Feb. 13, 1883
9. AGE last birthday 67 yrs. If under 1 year: Months 2, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Government Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bowens, Calvert County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Calvin W. Simmons
14. MOTHER'S MAIDEN NAME Annie V. Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Lyle Simmons - Bowens, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Caquexia - cochexia

002X Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary tuberculosis (?)

(c) II Cr of lung. (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1950, to 5/4, 1950, that I last saw the deceased alive on 5/4, 1950, and that death occurred at 10:10 m., from the causes and on the date stated above.

SIGNATURE R. Williams S (Degree or title) ADDRESS St Leonard, Md DATE SIGNED 5/5/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 7, 1950
NAME OF CEMETERY ~~OR CREMATORY~~ Private Simmons Family Cem.
LOCATION (City, town, or county) Bowens, (State) Md.

DATE REC'D BY LOCAL REG. 5/6/50
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. G. Harkness & Son, ADDRESS Mutual, Md.

26697

OK 5/24/50

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1950
BUREAU V. S.

04980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olivett Md, rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Charles Sutton
4. DATE OF DEATH (Month) (Day) (Year): 5 22, 1950

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4-9-1911
9. AGE last birthday: 39 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Fobs Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.: 155-07-8370
17. INFORMANT AND ADDRESS: Bertina Weems. Olivett, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

453.1 Immediate cause (a) GANGRENE of LEG — 43 days

Antecedent cause(s)

99 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) BUERGERS DISEASE — 3 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Prince Frederick DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 5-24-50
NAME OF CEMETERY OR CREMATORY: Eastern Chapel
LOCATION (City, town, or county): Calvert Co. (State): Md

DATE REC'D BY LOCAL REG.: 5-23-50
REGISTRAR'S SIGNATURE: H. W. Ward
24. FUNERAL DIRECTOR: P.E. Sewell Prince Frederick Md ADDRESS:

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAY 26 1950
BUREAU V. R.